





For your convenience, we have attached the OSHA forms 301, 300 and 300A.

Cintas First Aid & Safety is happy to assist you in maintaining accurate OSHA records.

\*\*\*In addition, we have additional information to help clarify new hearing loss recordkeeping requirements.





#### **Federal Registers**

Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters; Subpart I for Recordkeeping and Reporting Requirements - 69: 68793-68805

Publication Date: 11/26/2004
 Publication Type: Final Rules

• Fed Register #: 69: 68793-68805

• **Standard Number:** <u>1960</u>; <u>1960 Subpart I</u>; <u>1904</u>

• **Title:**Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters; Subpart I

for Recordkeeping and Reporting Requirements

#### **DEPARTMENT OF LABOR**

**Occupational Safety and Health Administration** 

29 CFR Part 1960

Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters; Subpart I for Recordkeeping and Reporting Requirements

AGENCY: Occupational Safety and Health Administration (OSHA), U.S. Department of Labor.

**ACTION:** Final rule.

**SUMMARY:** The Occupational Safety and Health Administration (OSHA) is issuing a final rule amending the occupational injury and illness recording and reporting requirements applicable to Federal agencies, including the forms used by Federal agencies to record those injuries and illnesses. The final rule will make the Federal sector's recordkeeping and reporting requirements essentially identical to the private sector by adopting applicable OSHA recordkeeping provisions as requirements for Federal agencies. In addition to eliminating the problems in the existing system whereby injuries and illnesses suffered by some groups of employees, such as contract employees, are not recorded, this final rule will produce more useful injury and illness records, collect better information about the incidence of occupational injuries and illnesses at the establishment level, create reporting and recording criteria that are consistent among Federal agencies, enable injury and illness comparisons between the Federal and private sectors, and promote improved employee awareness and involvement in the recording and reporting of job-related injuries and illnesses. The final rule will also assist in achieving the stated goal in Executive Order 12196 that Federal agencies comply with all OSHA standards, and generally, assure worker protection in a manner comparable to the private sector. This final rule applies to all Federal agencies of the Executive Branch subject to Executive Order 12196, and does not apply to military personnel and uniquely military equipment, systems, and operations.

The requirements of this final rule do not diminish or modify in any way a Federal Agency's responsibility to report or record injuries and illnesses as required by the Office of Workers' Compensation Programs under the Federal Employees' Compensation Act (FECA). For further information you can visit <a href="http://www.osha.gov/pls/oshaweb/owadisp.show">http://www.osha.gov/pls/oshaweb/owadisp.show</a> document?p table=NEWS RELEASES&p id=11131





### Clarifications of OSHAs Hearing Loss Recordkeeping Regulation

OSHA would like to clarify three matters in relation to recording occupational hearing loss in conjunction with the Section 1904.10 final rule issued July 1, 2002. First, the preamble to the final rule stated that employers in the shipbuilding industries are not covered by OSHAs noise standard §1910.95 and are therefore not required to perform audiometric tests. (67 FR 44038, 44040). This statement was an error. OSHA Directive STD 0.2 Identification of General Industry Safety and Health Standards (29 CFR 1910) Applicable to Shipyard Work specifically states that employers in the shipbuilding industry that are covered by the 29 CFR Part 1915 Standards are required to comply with a number of 29 CFR Part 1910 standards, including the §1910.95 requirements for occupational noise.

The second issue involves the computation of a Standard Threshold Shift (STS), which is one part of the two-part recording criteria recently published (67 Fr 44037-44048). (The case must also reflect a 25 dB hearing level compared to audiometric zero.) The STS computation is to be made in accordance with the Occupational Noise Exposure Standard 1910.95. As OSHA stated in the preamble to the July 1, 2002 rulemaking, the Section 1904.10 regulation "[u]ses existing measurements employers are already using to comply with the OSHA noise standard, resulting in less paperwork burden for employers covered by both rules" (67 FR 44040). Under 1910.95, the employee's current audiogram is compared to the employee's baseline audiogram, which may be the original audiogram taken when the employee was first placed in a hearing conservation program, or the revised baseline audiogram allowed by the Occupational Noise Exposure standard. Paragraph 1910.95(g)(9) of the noise rule states:

- (9) Revised baseline. An annual audiogram may be substituted for the baseline audiogram when, in the judgment of the audiologist, otolaryngologist, or physician who is evaluating the audiogram:
- (i) The standard threshold shift revealed by the audiogram is persistent, or
- (ii) The hearing threshold shown in the annual audiogram indicates significant improvement over the baseline audiogram.

OSHAs former recording criteria required the employer to track separate baselines for recording and hearing conservation purposes. However, the new Part 1904 hearing loss recording system relies on the existing 1910.95 calculations, and separate baselines will no longer be required. In short, under the new Part 1904, a recordable hearing loss case occurs when an employee experiences an STS (as defined in 29 CFR 1910.95), the STS is work-related, and the employee's aggregate hearing loss exceeds 25dB from audio metric zero.

Third, OSHA has noted concern among employers because the application of the new two-part test in the new §1904.10 recording criteria will result in an increase in recorded hearing loss cases. As noted in the July 1, 2002 rulemaking, the new criteria will capture more hearing loss cases. Employers will experience an increase in recorded hearing loss cases in 2003 and future years. Caution must be used when comparing the 2003 and future data to prior years, when the 25 dB criteria for recordkeeping was used. OSHA recognizes this increase, and will take the changes in the recordkeeping rule into account when evaluating an employer's injury and illness experience.

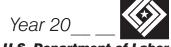
### OSHA's Form 300 (Rev. 01/2004)

## Log of Work-Related Injuries and Illnesses

the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical

Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

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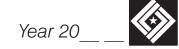
Establishment name

Form approved OMB no. 1218-0176

Identi	ify the person		Describe t	he case			sify the ca									
	(B) Employee's name	(C) Job title	(D)  Date of injury	(E) Where the event occurred	(F) Describe injury or illness, parts of body affected,		on the mos	box for eac t serious out		davs ti	he number of ne injured or ker was:				ry" colu e of illn	lumn o ness:
no.		(e.g., Welder)	or onset of illness	(e.g., Loading dock north end)	and object/substance that directly injured or made person ill (e.g., Second degree burns on			Remaine	d at Work		0.11	(M)	order	ry.	60	loss
					right forearm from acetylene torch)	Death	from work	or restriction		Away from work	On job transfer or restriction	Injury	Skin disc	Respirate	Poisonin	Hearing All other
			/ month/day			(G)	(H)	(I)	(J)	(K) day	( <b>L)</b> rs days	(1)	(2)	(3)	(4) (5	5) (6)
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### OSHA's Form 300A (Rev. 01/2004)

# Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Total number of	Total number of	T. 1 1 C	T - 1 1 0
deaths	cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)
Number of E	)ays		
Total number of da from work		otal number of days of job ansfer or restriction	
(K)	_	(L)	
Injury and II	lness Types		
Total number of (M)			
Injuries		(4) Poisonings	
		(5) Hearing loss	
) Skin disorders		(6) All other illness	es
Respiratory condit	ions		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Your establishment name	
Street	
City	State ZIP ZIP
Industry description (e.g., Man	ufacture of motor truck trailers)
Standard Industrial Classificati	ion (SIC), if known (e.g., 3715)
OR	
North American Industrial Cl	assification (NAICS), if known (e.g., 336212)
Employment informa	ation (If you don't have these figures, see the
<b>Employment informa</b> Worksheet on the back of this page	ation (If you don't have these figures, see the to estimate.)
<b>Employment informa</b> Worksheet on the back of this page Annual average number of em	ation (If you don't have these figures, see the to estimate.)  ployees
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Employment informa Worksheet on the back of this page Annual average number of em Total hours worked by all emp Sign here Knowingly falsifying this	ation (If you don't have these figures, see the to estimate.)  ployees  loyees last year  s document may result in a fine.

## OSHA's Form 301

# Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by	
Title	
Phone ()	/ Date//

) Full name			
Street			
City		State	ZIP
Date of birth/			
Male Female			
			hay baalib aa
Information about professional	out the physi	cian or ot	ner neaith cai
professional			
professional  Name of physician or of	ther health care pro	ofessional	
professional  Name of physician or of	ther health care pro	ofessional	it given?
Professional  Name of physician or of  If treatment was given a	ther health care pro	ofessional	it given?
Professional  Name of physician or of  If treatment was given a	ther health care pro	ofessional	it given?
professional  Name of physician or of  If treatment was given a  Facility  Street	ther health care pro	ofessionalsite, where was	it given?

	Information about the case	
10)	Case number from the Log	(Transfer the case number from the Log after you record the case.)
11)	Date of injury or illness//	-
12)	Time employee began work	AM / PM
13)	Time of event	AM / PM Check if time cannot be determined
14)	tools, equipment, or material the employee w	the incident occurred? Describe the activity, as well as the vas using. Be specific. Examples: "climbing a ladder while rine from hand sprayer"; "daily computer key-entry."
15)		nrred. Examples: "When ladder slipped on wet floor, worker rine when gasket broke during replacement"; "Worker
16)		part of the body that was affected and how it was affected; be Examples: "strained back"; "chemical burn, hand"; "carpal
17)	What object or substance directly harmed "radial arm saw." If this question does not app	the employee? Examples: "concrete floor"; "chlorine"; ly to the incident, leave it blank.
18)	If the employee died, when did death occu	<b>r?</b> Date of death//